

1. Employee No. 57250.

<b>Name (Last, First, MI)</b> MARKYVECH RONALD K.			<b>3. Div/Dept. No.</b> C3-380		<b>4. Report No.</b>	
			<b>5. Dates of Expense:</b> =		<b>To</b>	
<b>Secy: Carole Hibner</b>						

  

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Date					9-29-94			
City					San Jose			
State/Country								
Meals					\$1.02			31.02
Incidentals								
Hotel/Motel								
<b>Subtotal</b>								
<b>Accounting Use Only</b>								
County Code								
Per Diem Rate								
Variance								
Telephone								
Taxi, Auto Rental, Local Transp.								
Rate \$28 per mile (miles) ( ) ( ) ( ) ( ) ( ) ( ) ( )					(256)			(256)
Auto Expense Personal <input type="checkbox"/> Leased <input checked="" type="checkbox"/>					71.68			71.68
Employee Purchased Transp.								
*Entertainment								
Parking								
*Guest Meals								
Company Paid Transportation								
Leased Car Maint. (Detail Over)								
*Other								
<b>Total Expense</b>					102.70			102.70

  

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			5956-01	71.68
			905				
	74	09	907			5956-01	31.02
			920				
<b>Total</b>							<b>102.70</b>

  

**Advances:**  
(Cash, Check, Hotel deposits)  
Company paid transportation  
Carry over from previous report (if applicable)  
Amount due employee  
Amount due company

**Exhibit 13**

  

**Purpose of Trip:** PROJECT # 5956-01 WENT TCNA FOR SOFTWARE CODE WALK THROUGH AND TECHNICAL PRESENTATION ON THE AUTOSPLIT CONCEPT.

  

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			LINER PURCHASED BREAKFAST & DINNER FOR TOM GANESG AND MYSELF		

  

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

  

<b>Signature:</b> R.K. Markyvech R. Markyvech/ch	<b>Date:</b> 9-30-94	<b>Authorized For Reimbursement:</b> [Signature] Approved D. G. Smedley	<b>Date:</b> 10/11/94
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